

Agenda Item: 15
Report Number: GB10-16
Venue: H. G. Wells Conference Centre, Church St East, Woking, Surrey
Date: Monday 25 January 2016
Meeting: NW Surrey CCG Governing Body (Part One)

Title of Report	Corporate Risk Register and Assurance Framework		
Purpose of the report	The purpose of this report is to Note the Executive Summary and Receive Assurance Framework		
Reason for presentation to the Audit and Risk Committee	For Information		
	For Discussion		
	For Decision		✓
	Describe The Governing Body are asked to approve Assurance Framework		

Prepared and Presented by:	Prepared by Elaine Stevens Head of Corporate Services and Risk Presented by Anthony Shipley Acting Director of Corporate Development and Assurance		
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Relative Legislation & Source Documents:	N/A		
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Freedom of Information:	Restricted		Open	✓
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This report has previously been presented to the following Committee/Group/s	Clinical Executive		Quality Committee	✓
	Operational Leadership Team		Contracts and Finance Committee	
	Audit and Risk Committee	✓	Remuneration and Nominations Committee	

The outcome of previous presentation/s or reviews	N/A			
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Executive Summary

The Risk Register has been reviewed with each risk owner in order to provide an update to the Executive Team and assurance to Audit and Risk Committee and the Governing Body

The Executive Team have reviewed all risks and considered

- The need to re-score the current risks following and assessment of the controls in place
- The setting and monitoring of target risk scores going forward
- The validity of the risk scores in relationship to the risk target and changes over time.

The table below summarises the CCG risks

The Corporate Risk Register is linked to the Strategic Objectives:

1. Increase length of life and prevent people dying prematurely.
2. Improve quality of life and promote independence
3. Optimise the integration, quality and effectiveness of service.
4. Help people recover from ill-health
5. Target spend for greatest gain and eliminate waste.

The scoring against each risk is decided against the 5x5 scoring matrix below

Risks above 15 or an impact of 5 are included in this Assurance Framework.

New Risks: The following new risks have been added to the risk register:

Risk 44 Lack of assurance on SECAMBs Governance Framework means that Commissioners are not assured on the robustness of clinical decision-making and this could result in adverse outcomes for patients and reputational risk to commissioning CCGs. A score of 12 has been allocated to this risk.

Risk 45 NWS does not have evidence there is a Governance Framework in place to support the dis-aggregation of the SECAMb contract to County level. This could result in individual county level decisions having an adverse impact on service delivery in other counties resulting in suboptimal service and potential harm to patients. A score of 12 has been allocated to this risk.

Risk 46 Workforce Assurance: Failure of providers to address difficulties in recruiting staff with the correct skills and undertaking robust workforce planning will impact on the delivery of safe care and could impact on the CCGs delivery of the Strategic Commissioning plan. A score of 12 has been allocated to this risk.

Risk 47 Safeguarding Children Assurance: Risk of non-compliance with Safeguarding Children's requirements if the collaborative hosting arrangement for the safeguarding children's hosted service is not managed effectively. A score of 9 has been allocated to this risk.

Risk 48 Safeguarding Adult Assurance: Risk of non-compliance with Safeguarding Adult requirements if the collaborative hosting arrangement for the safeguarding children's hosted service is not managed effectively. A score of 12 has been allocated to this risk.

Closure Requests: The following Risks have been agreed to close:

Risk 19 Infection Control Resource: Lack of clinical resource to lead on system wide infection control and undertake Post Infection Reviews due to changes in Surrey wide service provided by Public health will result in the CCG not being aware of issues in clinical practice that could result in patient harm.

Reason for closure : Position now recruited to.

Risk 24 Inability to deliver recurrent financial control total in 2015/16 due to use of non recurrent measures to achieve 2014/15 surplus

Reason for closure Merged Risk with Risk Number 8

Risk 36 SECAMB 999 Re-triage pilot: Risk of adverse patient outcomes and the potential for reputational risk due to the use of a re-triage system to transfer calls between 111 and 999 services.

Reason for closure : Pilot scheme completed.

Risk 38 The Risk is that one or more MSK bidders could drop out at any stage of the procurement before award of contract. This would result in the CCG not achieving the financial or clinical benefits.

Reason for closure: All bidders withdrew from process.

Risk 43 One provider is part of all three consortia. If they withdraw then the tender process could collapse

Reason for Closure : 1/10/15 - notification received that two bidders are withdrawing from the process so CCG is developing options appraisal for next steps, 9/10 - options paper taken to OLT; requested that two options be worked up in more detail; clinical and legal advice currently being sought"

High Risks above 15 to be included in the Assurance Framework

Risk 25 Non-elective patients are not seen within the four-hour waiting timeframe which could result in sub-optimal health outcomes and reputational damage. This risk has increased from 16 to 20 see separate sheet attached.

Risk Register	Significant Risk 15-25	High Risk 8-12	Moderate Risk 4-6	Low Risk 1-3	TOTAL RISKS
Corporate Risks	2	23	2	0	27

Impact	Negligible 1	1	2	3	4	5
	Minor 2	2	4 R2,R39	6	8	10
	Moderate 3	3	6	9 R4,R8,R10,R15,R16,R18, R20,R31, R37,R40,R47	12 R3,R11,R13,	15
	Major 4	4	8 R42	12 R22.R29,R32,R35, R44,R45,R46, R48	16 R41	20
	Catastrophic 5	5	10	15	20 R25	25
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost certain
Likelihood						

As part of the Assurance update The Head of Corporate Services and Risk reports that:

- the Risk Management Strategy and Policy has been reviewed and additional sections included from recommendations from KPMG Governance and Risk Management Audit April 2015 The Audit and Risk Committee approved the revised Risk Management Strategy and Policy on the 16th November 2015.
- KPMG have recently completed an audit on Governance and Risk Management. This will be approved at the Audit and Risk Committee on 15th February 2016 and reported at the next Governing Body meeting in March.
- An assurance mapping has also been completed on the Audit and Risk Committee by KPMG and will be reported at the March Governing Body meeting.
- An audit of Conflict of Interest, hospitality, gifts and sponsorship is in the process of being completed and results will be reported through Audit and Risk Committee on the 15th February 2016 and Governing Body in March 2016.

Recommendations:

- The Governing Body is asked to note the board assurance report

Health Impact:	Improving quality, reducing risk and increasing protection for local population.
Financial Implications:	Potential for significant financial implications from some of the risks identified.

Legal Implications:	Managing risks effectively will enable the organisation to deliver statutory compliance
Equality & Diversity	The CCG and its providers are expected to treat patients in accordance with equality and diversity requirements. Evidence of any particular group being adversely impacted by poor quality and/or patient safety will be highlighted
Communication & Engagement	Failure to communicate effectively and engage with the appropriate stakeholders could impact on the management of the risks reflected on the attached document.
Reputational Implication:	The impact of not managing the risks effectively could have a reputational impact on the CCG
Risk Register:	Risk register references reflected on the attached document

Objective 4. To improve patient experience, health outcomes and care through transformation of the system		Director Lead: Karen Thorburn
Risk 25 Non-elective patients are not seen within the four-hour waiting timeframe which could result in sub-optimal health outcomes and reputational damage.		Date last reviewed: 12.12.15
Risk Rating <i>(Likelihood x consequence)</i> Initial: 4x5 =20 Current:4x5 =20 Appetite: Reduce		Rationale for current score: Insufficient capacity available across intermediate care services is leading to longer length of stay in the hospital, directly impacting on operational flow. This has resulted in constant black alert status and scrutiny from Monitor Rationale for risk appetite: Action is required to limit the current impact
Controls: <i>(What are we currently doing about the risk?)</i> Mitigating Actions: <i>(What have we done/what should we do?)</i> 1.Trust Recovery Plan in place (Part 1) and covering: re-configuration of St. Peter's front door, Implementing consistent agreed core processes (RAT, stream etc.) in A&E, Implementation of Standard Operating Procedures, Reduction in length of stay, Reduce DTOCs to 2.5% of OBD. Trajectory for compliance from December 2015. 2. Non-acute Recovery Plan in place (Part 2) covering recovery and resilience interventions in NWS CCG, Virgin Care, SECamb and Social Services. 3. Implementation of all recovery plans (Part 1 & 2) against agreed		Assurances: <i>(How do we know if the things we are doing are having an impact?)</i> Gaps in assurance: <i>(What additional assurances should we seek?)</i> The Capacity & Intermediate Care Group will report to the CCG Executive Team, updates will be provided to the System Resilience Group or relevant sub-committee as well as to any procurement boards overseeing the procurement of community services. Surrey CC will also arrange internal protocols for reporting and assurance.

trajectories and the impact of interventions is managed through a fortnightly 95% Standard Recovery Meeting across all provider partners chaired by the CCG, supported by a robust PMO reporting infrastructure.

4. Performance is monitored on daily basis through collection of metric across whole system on the Alamac KitBags, and supported by a daily system-wide conference call. CCG Performance Reports cover weekly and monthly performance.

5. Delivery of 95% Operational Standard supported through monthly contractual meetings with all providers. Application of contractual levers with acute provider e.g. fines being utilised.

6. Monitoring of quality outcomes, agreed relevant CQUIN's, complaints and SI's to detect early warning signs of the impact on quality and patient outcomes through CQRM.

7. Alamac engaging directly with NWS Cabinet to drive recovery of 95% standard. A&E performance standing item on CCG weekly Executive Team Meeting.

8. Operational capacity and resilience schemes have been implemented from November 2015. Clinical Cabinet has identified a Director of System Flow role to work between the hospital and the CCG. System Resilience group meetings are now weekly. Recovery plan for A&E has been refreshed.

Current Performance: *(With these actions taken, how serious is the problem?)*

Risk score has been increased to reflect increased system pressure in November and December. Overall risk remains, until the modelling of capacity and demand is completed and service changed implemented

Additional Comments:

N/A